Patient/Family Meetings in the ICU with in 48hrs of Admission
THE TEAM

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WHAT IS A ??PATIENT/ FAMILY MEETING??

Information + Time = Patient Centered Care

Patient/Family meetings are structured meetings used as a useful way for health care professionals to convey information, discuss goals of care and plan care strategies with patients and family caregivers. Common topics of discussion are: diagnosis, current status of patient, treatment options, goals of care, procedure explanation, prognosis, medication effects and side effects, and end of life options.
PATIENT/FAMILY MEETING: DATA AND INFORMATION

- Historical studies show communication with physicians are the number one source of complaints from families with loved ones in an ICU setting. 30% of family members are dissatisfied with the level of communication they receive while in the ICU. This lack of communication can lead to not only dissatisfaction, it can also lead to gaps in clinical decision making and poor psychological outcomes for the family that are related to PTSD.

- Data from a multicenter study showed that of 1500 patients with an ICU stay longer than two weeks, only 40% had a discussion about prognosis or treatment preferences.

- The American Association of Critical Care Nurses and the Society of Critical Care Medicine both have clinical practice guidelines stating the Patient/Family Meeting is a standard of ICU care.
THE “WHY” OF HOLDING A PATIENT/FAMILY MEETING: VALUE

The Family Meeting is the backbone of informed, patient-focused, decision making about appropriate goals of care and the corresponding treatment plan. Honest, intelligible, and timely information sharing with families in the ICU is a way to support, comfort and reassure families during a time when they are frightened, stressed, and unsure of what the outcome will be for their loved one.
COMPONENTS OF A SUCCESSFUL PATIENT/FAMILY MEETING

Best started with ascertaining what the patient or family knows at the current time.

“Tell me your understanding of the current situation”

“Can you tell my why you are in the hospital”

- Limit use of medical jargon, abbreviations
- Review current status, prognosis and treatment options
- Be realistic and empathetic
- Ask patient/family members/friends in turn if they have any questions about current status, plan & prognosis
- If they request decisions, defer discussion of decision making until the next step
- Summarize consensus, disagreements, decisions & plan
- Caution regarding unexpected outcomes
- Identify family spokesperson for ongoing communication
- Document – who was present, what decisions were made, follow-up plan
- Continuity: Maintain contact with family and medical team.
- Schedule follow-up meetings as needed
BARRIERS TO PATIENT/FAMILY MEETINGS - UHS MICU
CLINICIAN POLL

MICU Patient/Family Meeting Barriers

- Labels: 52 (49.1%)
- Time: 21
- Forgot: 16
- No MD Available: 10
- No Family Available: 2
- Family Decline: 2
- Didn't Chart: 1

Volume

100 90 80 70 60 50 40 30 20 10 0

0 10 20 30 40 50 60 70 80 90 100

93.4% 95.3% 97.2% 98.1%
Timely family meetings in the ICU do not occur

**Patients and Families**
- Stress/grief of family decrease comprehension
- Differences in culture and language; difficulty scheduling interpreter

**Policies/Procedures**
- Limited visiting hours for family limits time available for meeting
- Providers on rotating basis; person scheduling meeting not clearly defined

**Providers**
- Multiple specialists difficult to coordinate meeting
- Competing demands on physician time
- Inadequate training in communication skills
- Ill defined goals for family meeting

**Environment**
- Lack of dedicated space or a multipurpose space is unavailable
PRE-INTERVENTION DATA

Data was pulled from the MIDAS report program to compile all patients admitted into the MICU from June 1, 2016 through August 31, 2016. The data was assessed for presence of a patient/family meeting note with in the first 48 hours of admission to the unit.

Baseline data from the MICU is for three months. June 1, 2016 through August 31, 2016. During this period 368 patients were admitted to the MICU. Of those patients, 43 had documentation of a patient/family meeting note. This yields a baseline percentage of 11.68%. 
PRE-INTERVENTION DATA

Family Meeting
Rate of Occurrence -- Pre-Intervention

UCL 31%
CL 12%
LCL -8%

# of Meetings/Total # of Patients

Jun - Aug 2016
PLAN: INTERVENTION FLOW

Pt admitted to ICU

Determine that family meeting should be held

Coordinate time for primary provider to meet with family

Determine which additional team members may be beneficial in attending (subspecialists, nursing, social work, pastoral care, case management)

Interpreter required?

No

Yes

Schedule meeting when interpreter available

Is appropriate meeting space available?

Providers prepare for the meeting (focus on topics discussed, consistent info, goals)

Schedule meeting when room is available

Family meeting
DOCUMENTATION IN SUNRISE EMR
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DO: IMPLEMENTING THE CHANGE

• Meeting with MICU unit leadership to educate on data to support project and gain their support (10/16)
• Attend morning leadership huddles to share information with the nursing staff (10/16)
• Meet with attending physicians of the primary care service in the MICU (11/16)
• Muffins and Meetings for the staff in the break room (11/16)
• Resource book placed in nurse and physician break room for data validation (11/16)
• Meet with MIC U based Palliative Care APRN to enlist support and assistance with scheduling meetings (11/20)
• Use of Palliative Care APRN database for tracking admission to unit and scheduling of meetings (11/20)
• Use white boards to show when meeting is scheduled (11/20)
CHECK: RESULTS/IMPACT

Total of 272 patients admitted between 10/30/2016 and 1/1/2017

38 patients had a patient/family meetings with in 48hrs of admission

Final result= 13.97% of patients had a patient/family meeting with in 48 hours of admission to MICU

**Pre-intervention data results: baseline percentage of 11.68%.

Successful increase of 2.29%
DATA TRENDS

Trends seen in data results:

• Of the 38 patients with meetings, 14 were over the age of 80
• 7 patients with sepsis
• 8 patients with stroke diagnosis
• 4 patients with myocardial infarction
• 4 patients with hemorrhage related diagnosis
• Week 7 (12/11-12/17) saw only 1 meeting with in 48 hours
• 57% had a patient/family meeting with in 5 days from admission
• LOS ranged from 0 to 12 days with an average LOS of 3.28 for patients receiving a patient/family meeting with in 48 hours of admission
FINAL OUTCOME DATA

Met W/I 48 Hrs / Total # Patients
Pre/Post Intervention Results
p-Chart

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Met W/I 48 Hrs - Total # Patients

CL 11.7% 14.0%
UCL 28.6% 39.3%

6/1... 6/12... 7/3... 7/10... 7/17... 7/24... 7/31... 8/7... 8/14... 8/21... 8/28... 9/4... 11/1... 11/8... 11/15... 11/22... 11/29... 12/6... 12/13... 12/20... 12/27... 1/4... 1/11...
ACT: SUSTAINING THE RESULTS

-This project is meant to change the culture and process flow of the first 48hrs of a patient's stay in the MICU. This can be done though practice changes by both nursing staff and clinical staff.

-Considering this to be an addition to the admit order set of the unit in Sunrise for a 48hr hard stop and drop off.

-If success is underwhelming it is due to resistance to such a culture change? Enlisting the support and buy in from the hospital administration and medical teams leadership may be needed to strategize how to educate on the “why” of a patient/family meeting.
RETURN ON INVESTMENT

Return(s) On Investment for this project will manifest themselves in the form of:

• Patient and family satisfaction scores with improvement in communication.
• Early decision making for course of care will improve by evidence of early goals of care setting.
• This could reduce Length of Stay and reduced ICU bed days.
• Reduction in unnecessary interventions are evidenced from goals of care setting.
• Improvement in staff satisfaction by improved patient/family relationship due to trust with information sharing.
CONCLUSION/WHAT’S NEXT

This project could be a pilot in the MICU and eventually be further implemented throughout other service areas in the hospital. Communication and treatment goals should not be limited to one area and would be beneficial for all floors and units. All patients and families deserve to have up-to-date and current health information on themselves and their loved ones. This enables patient and families to make educated decisions and direct their own health care goals.

Further benefit could be in the milieu change to the face of health care currently and that of the providers and care givers of the next generation by normalizing the practice of early information sharing with patients and their families. If it becomes an embedded part of their everyday processes of practice it is evidence of the worth of this project.
TEAM PICTURE
RESOURCES

https://www.uptodate.com/contents/communication-in-the-icu-holding-a-family-meeting


https://bmcpalliatcare.biomedcentral.com/articles/10.1186/1472-684X-7-12

The Scarborough Hospital Guidelines for Family Centered Meetings

http://accessmedicine.mhmedical.com/content.aspx?bookid=496&sectionid=41304120
Thank you!